

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046344

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 83

Primary Registration District No. 5321

Registrar's No. 6

FILED DEC 26 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

| | | | |
|--|--------------------------|---|-----------------------------|
| 1. PLACE OF DEATH a. COUNTY Cooper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Morgan | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN South Moniteau Township | | c. CITY OR TOWN Versailles | |
| Length of stay in 1b 1 day | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 M. N.E. Tipton, Mo. | | d. STREET ADDRESS (If outside, give location) 5 Mile N. | |
| Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Rolla William Salmons | | 4. DATE OF DEATH Month Day Year Dec. 17, 1962 | |
| 5. SEX Male | 6. COLOR OR RACE Cau. | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1-21-41 |
| 9. AGE (last birthday) 21 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and state or country) Fortuna, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME James W. Salmons | | 13b. MOTHER'S MAIDEN NAME Mary Helen Boyce | |
| 14. NAME OF HUSBAND OR WIFE Never Married | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT James W. Salmons Versailles, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>fractured Cervical Vertebrae</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Violence</i> DUE TO (c) <i>Overturned tractor. Wheeljacked car run</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Injured on farm by tractor accident</i> | | 20c. TIME OF INJURY Hour Month, Day, Year 12 17 62 | |
| 20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Farm</i> | |
| 20f. CITY, TOWN, OR LOCATION <i>Cooper</i> | | COUNTY STATE <i>Mo</i> | |
| 21. I attended the deceased from <i>No attendance</i> and last saw her alive on <i>12/20/62</i> Death occurred at <i>on the date stated above, and to the best of my knowledge, from the causes stated.</i> | | | |
| 22a. SIGNATURE <i>Th. DeMaeyer M.D.</i> | | 22b. ADDRESS <i>Brownlee Mo</i> | |
| 22c. DATE SIGNED <i>12/20/62</i> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | |
| 23b. DATE <i>Dec. 20-62</i> | | 23c. NAME OF CEMETERY OR CREMATORY <i>Glensted Cemetery</i> | |
| 23d. LOCATION (City, town, or county) <i>Morgan Co., Mo.</i> | | 24. FUNERAL DIRECTOR <i>Kidwell Funeral Home Versailles, Mo.</i> | |
| 25. DATE RECD. BY LOCAL REG. <i>12/20/62</i> | | 26. REGISTRAR'S SIGNATURE <i>Virginia T. Higgins</i> | |

(Licensed Embalmer's Statement on Reverse Side)

JAN 4 1963
JAN 22 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond C. Lorber

Licensed Embalmer No. 4626

P. O. Address Wesley, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.